



# 6

Attorney Docket No.: 03399P056

Patent

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application for:

Peter F. King, et al.

Serial No.: 09/945,132

Filing Date: August 31, 2001

For: STATEFUL LOAD BALANCING

Mail Stop PGPUB

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Examiner: Burgess, Glenton B.

Art Unit: 2153

"Express Mail" mailing label number EV336585347US  
I hereby state that I am causing this paper or fee to be  
deposited with the United States Postal Service "Express  
Mail Post Office to Addressee" service on the date  
indicated below and that this paper or fee has been  
addressed to the Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450 on  
May 15, 2003

(Date of Deposit)

Beverly Kehoe Shea

(Printed name)

*Beverly Kehoe Shea* 5/15/03  
(Signature) (Date)

NOTICE OF FOREIGN FILING

Dear Sirs:

This letter is to notify the U.S.P.T.O. that on August 29, 2002, Applicant filed the above-identified application in another country or under a multilateral agreement that requires publication of applications eighteen months after filing. A Request to Rescind Previous Nonpublication Request under 35 USC 122(b)(2)(B)(ii) was previously filed by Applicant.

Respectfully submitted,  
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: 5/15/03

*Jordan M. Becker*  
Jordan M. Becker  
Reg. No. 39,602

Customer No. 26529  
12400 Wilshire Boulevard  
Seventh Floor  
Los Angeles, CA 90025-1030  
(408) 720-8300

RECEIVED

MAY 21 2003

OFFICE OF PETITIONS



# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)  
1,300.00

## Complete if Known

Application Number	09/945,132
Filing Date	August 31, 2001
First Named Inventor	Peter F. King
Examiner Name	Burgess, Glenton B.
Group/Art Unit	2153
Attorney Docket No.	3399P056

## METHOD OF PAYMENT (check one)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None  
☐ Deposit Account

Deposit  
Account  
Number

02-2666

Deposit  
Account  
Name

Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

### 2. EXTRA CLAIM FEES

Total Claims  - 20\* =  X  =   
Independent Claims  - 3 =  X  =   
Multiple Dependent  =

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple Dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

\*or number previously paid, if greater, For Reissues, see below

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIF prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIF after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1404	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	1,300.00
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	1809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
* Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$) 1,300.00

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type) Jordan M. Becker

Registration No.  
(Attorney/Agent)

39,602

Telephone

(408) 720-8300

Signature

Date

05/15/03

Based on PTO/SB/17 (01-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 05/02/2003.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

RECEIVED

MAY 21 2003

OFFICE OF PETITIONS

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/24/03</u>		2 Serial/Patent # <u>09/945,132</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	5	5/15/03	\$ 1300							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1300							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>2</td><td>--</td><td>2</td><td>6</td><td>6</td><td>6</td></tr></table>			0	2	--	2	6	6	6
0	2	--	2	6	6	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
PETITION IS UNNECESSARY											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>MARIANNE MORGAN</u>		TITLE: <u>PARALEGAL</u>									
SIGNATURE: <u>Marianne P. Morgan</u>		PHONE: <u>306-3475</u>									
OFFICE: <u>PETITIONS OFFICE</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>6/26/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: